REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Patent Number	7,055,110
Issue Date	May 30, 2006
First Named Inventor	Sig G. Kupka
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	23412-8081

10:	P.O. Box 1450 Alexandria, VA 22								
I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.									
The reasons for this request are:									
The client knowingly and freely assents to termination of the employment. The client discharged the practitioners designated below by instructing that the subject application be transferred to other patent counsel. The client and the new patent counsel have been informed of upcoming docketed items pertaining to the subject application.									
1. 🔲	☐ The correspondence address is NOT affected by this withdrawal.								
2.									
Firm <i>or</i> Individu	or Amir H. Raubvogel, Attorney at Law idual Name								
Address	3	820 Lakeview Way							
Address									
City		Redwood City	State	CA	Zip	94062			
Country	Country USA								
Telephone (650) 209-4884 Fax		Fax	(650) 362-1800						
☐ This request is made on behalf of myself and ☐ all the attorneys/agents of record, ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or ☐ the attorneys/agents associated with Customer Number									
Name		Amir H. Raubvogel							
Signatu	re	/ Amir H. Raubvogel/							
Date	March 23, 2007								
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.									